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PROFIT CORPORATION ANNUAL REPORT

1997

TITLE



FLORIDA DEPARTMENT OF STATE

FILED

Feb 03 1997 8:00am

Secretary of State

1/9/97

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Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000015875 (3)

IL PORCINO RESTAURANT, INC.

<u> </u>	<u></u>				8 19 19 19 18 18 18 18
Principal Place of Business Mailing Address				(488:1881 119 19119 8674 8010 98311 88114	maidi Jibili Biobe 1813 1988, Aftic 1881
BOST W SAMPLE ROAD NO 10 CORAL SPRINGS FL 33065		8037 W SAMPLE ROAD NO 10 CORAL SPRINGS FL 33065-4713			
				3. Date Incorporated or Qualified	3a. Date of Last Report
				02/13/1996	Sa. Date of East Nepon
	lace of Business	2a. Mailing Address	ζή , (ΔÚ	4 FEL Number	Applied For
21		26 5317 NW	64 WHY	65-064795	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	6	COPAL SPE	NGS FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	四一一	Country	8. This corporation has liability for i	ntangible tax under s. 199.032,
24	25	29 3306 [30 BEDWHEEL		Yes No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	gistered Agent
ASC	NONE, PHIIPPE		B1 Name A	SCIONE PHIL	TPPF
8037 W SAMPLE ROAD NO 10			82 Street Add	ress (P.Q. Box Number is Not Acceptab	P /
COF	RAL SPRINGS FL 33065		531	1 NW 64 WA	У
			83	•	/
10 L			84 JAM	AL SPRINGS	FL 85 Zip Cody -7
11. Pursuant	to the provisions of Sections 607.0502	and 607, 1508, Florida Statut	es, the above-named corp	poration submits this statement for the p	
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligat	f Florida. Such change was a	authorized by the corporat	tion's board of directors, I hereby accep	ot the appointment as registered
•	120.0	one P	JUIPPE A	SCIONE 1/9	197
SIGNATURE	Signature, typed or printed name of registered agent		L. Rugistanec Agent signature requi	red when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	D	☐ DELETÉ	1.1 TOLE		Change Addition
NAME	ASCIONE, PHILPPE		1.2 NAME		i
STREET ADDRESS	8037 W SAMPLE ROAD NO 10		1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33065		14 CITY+ST-ZIP	· 	
TITLE	D	☐ DELETE	21 THILE		Change Addition
.NAME	ASCIONE, VICTORIA		2 2 NAME		
STREET ADDRESS	8037 W SAMPLE ROAD NO 10		2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33065	Drusti	2. 4 CITY - ST - ZIP		Change Addition
TITLE	•	DELETE	3.1 TITLE		Change Addition
NAME CONCECC			3.2 NAME		
STREET ADORESS			3 3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY - ST - ZIP 4.1.1ITLE		Change Addition
NAME		C Period	4. 2 NAME		and an analysis
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 C(1Y - S1 - ZIP		
TITLE		DELETE	5.1 TITLE		Change. Addition
NAME			5.2 NAMF		- 7, ·
STREET ADDRESS			5.3 STREET ADDRESS		1/4 . 12
Dirty of No.			5 4 OFF PART ADDRESS		ニュー・コングレス

6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this fifing does not qualify for the exemption stated in Section 119 07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

PHILIPPE ASMONTE

61 TITLE 6.2 NAME

DELETE